

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000009148**1. Entity Name
PHYSICIANS BENEFIT CORPORATION, LLC

Principal Place of Business 6401 S.W. 87TH AVENUE, SUITE 208 MIAMI FL 33173	Mailing Address 6401 S.W. 87TH AVENUE, SUITE 208 MIAMI FL 33173
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1455 NW 14TH STREET Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33125	Country

4. FEI Number 65-0967177	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent METSCH BENJAMIN 1455 N.W. 14TH STREET MIAMI FL 33125 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE BENJAMIN METSCH DATE 05/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPITAL COORDINATION SERVICES, INC 6401 SW 87TH AVE., STE. 208 MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHYSICIANS SERVICES, LLC 1455 NW 14TH ST MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Physicians Services, LLC MGRM 05/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)